NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS LOW INCOME HOME ENERGY ASSISTANCE & UNIVERSAL SERVICE FUND PROGRAMS

Tenant Lease Verification Form

(This form is to be filled out only by the landlord and/or superintendent)

This is to verify that (tenant's name) _		is residing at:
Street Address:		Apt. Number:
City, State, Zip Code		
The number of occupants in this re	esidence is:	
Names of ALL members of the far	mily living in the unit:	
Rent payment amount:		
Please verify heating arrangement	:	
() Heat is included in rent, wh		
() Heat is included in rent, wh		
() Tenant pays separate charge		
	ying his/her own heating expenses.	
() Tenant pays separate charge	e for air conditioning.	
Landlord's information:		
First Name:	Last Name:	
Address:		
City, State, Zip code:		
Phone Number:		
Landlord/Representative Signat	ure Date	_